

Dec 8, 2004

091842536

CLAIMS AS FILED - PART I

| TOTAL CLAIMS | | (Column 1) | (Column 2) |
|----------------------------------|--|--------------|--------------------------|
| FOR | | NUMBER FILED | NUMBER EXTRA |
| TOTAL CHARGEABLE CLAIMS | | minus 20 = | |
| INDEPENDENT CLAIMS | | minus 3 = | |
| MULTIPLE DEPENDENT CLAIM PRESENT | | | <input type="checkbox"/> |

* If the difference in column 1 is less than zero, enter "0" in column 2

| SMALL ENTITY TYPE | | OTHER THAN OR SMALL ENTITY | |
|----------------------|--------|-------------------------------|--------|
| RATE | FEES | RATE | FEES |
| BASIC FEE | 385.00 | OR BASIC FEE | 770.00 |
| XS 9= | | OR XS 18= | |
| X43= | | OR X86= | |
| +145= | | OR +290= | |
| TOTAL | | OR TOTAL | |

CLAIMS AS AMENDED - PART II

| AMENDMENT A | (Column 1) | | (Column 2) | (Column 3) |
|--|---|-------|---|--------------------------|
| | CLAIMS REMAINING AFTER AMENDMENT | | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
| Total | - 24 | Minus | - 24 | = |
| Independent | - 4 | Minus | - 4 | = |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | <input type="checkbox"/> |

| SMALL ENTITY | | OTHER THAN OR SMALL ENTITY | |
|------------------|------------------------|-------------------------------|------------------------|
| RATE | ADDI- TIONAL FEE | RATE | ADDI- TIONAL FEE |
| XS 25= | | OR XS 50= | |
| X100= | | OR X200= | |
| +180= | | OR +360= | |
| TOTAL ADDIT. FEE | | OR TOTAL ADDIT. FEE | |

| AMENDMENT B | (Column 1) | | (Column 2) | (Column 3) |
|--|---|-------|---|--------------------------|
| | CLAIMS REMAINING AFTER AMENDMENT | | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
| Total | - 22 | Minus | - 24 | = |
| Independent | - 4 | Minus | - 4 | = |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | <input type="checkbox"/> |

| RATE | | ADDI- TIONAL FEE | RATE | ADDI- TIONAL FEE |
|------------------|--|------------------------|---------------------|------------------------|
| XS 25= | | | OR XS 50= | |
| X100= | | | OR X200= | |
| +180= | | | OR +360= | |
| TOTAL ADDIT. FEE | | | OR TOTAL ADDIT. FEE | |

| AMENDMENT C | (Column 1) | | (Column 2) | (Column 3) |
|--|---|-------|---|--------------------------|
| | CLAIMS REMAINING AFTER AMENDMENT | | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
| Total | - 25 | Minus | - 26 | = |
| Independent | - 4 | Minus | - 4 | = |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | <input type="checkbox"/> |

| RATE | | ADDI- TIONAL FEE | RATE | ADDI- TIONAL FEE |
|------------------|--|------------------------|---------------------|------------------------|
| XS 25= | | | OR XS 50= | |
| X100= | | | OR X200= | |
| +180= | | | OR +360= | |
| TOTAL ADDIT. FEE | | | OR TOTAL ADDIT. FEE | |

- * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
- If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."
- If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."
- The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

Best Available Copy